



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 10/664,039

Applicant : STOCKSTILL, JOHN W. Filed : SEPTEMBER 17, 2003

Title : COMBINATION INTERPROXIMAL DENTAL STRIPPER

Art Unit : 3732

Examiner : WILSON, JOHN J.

Atty Docket No. : MCOG-0002-UT1

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

The below-identified communication(s) is (are) submitted in the above-captioned application or proceeding:

Amendment Fee Transmittal and Authorization to Charge Deposit Account

The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, including fees under 37 C.F.R. §§ 1.16 and 1.17 or credit any overpayment to **Deposit Account Number 10-0233 MCOG-**

0002-UT1.

Respectfully submitted,

Ajay A. Jagtiani

Registration Number 35,205

JAGTIANI + GUTTAG Democracy Square Business Center 10363-A Democracy Lane Fairfax, Virginia 22030 (703) 591-2664

June 5, 2006

## Patent Fee Transmittal for FY 2005

Applicant Claims Small Entity Status 37 C.F.R. 1.27

**TOTAL AMOUNT OF PAYMENT** 

\$0.00

Application Number Filing Date Named Inventor Examiner Name Art Unit

Attorney Docket No.

10/664,039 September 17, 2003 STOCKSTILL, JOHN W. WILSON, JOHN J. 3732

MCOG-0002-UT1

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\*\*\* Includes fee changes from HR 4818, Sec. 801, signed on December 8, 2004

	FEE CALCULATION  2 Evtra Claim Fee																			
1. Filing Fees			ŧ	arge Entity	S	mall Entity			2. Extra Claim	Fee				_						
Application Type Description		Description	Code	(\$)	Code	(\$)	Paid	_	a. Claims as File	ed_			Extra	L	arge Entity	<i>'</i>	Small Ent	ity		
	_	Basic	1011	300	2011	150	\$						Claims		Code	(\$)	Code	(\$)		Paid
Utility	Ш	Examination	1311	200	2311	100	\$		Total Claims	16	5	- 20 =	0	x 1	1201	50	2201	25	\$	
		Search	1111	500	2111	250	\$		Independent	2		- 3 =	. 0	x 1	202	200	2202	100	\$	
		Basic	1012	200	2012	100	\$		Multiple Dependent					L	203	360	2203	180	\$	
Design [		Examination	1312	130	2312	65	\$		b. Claims as Am	ended	<u></u>			_						
		Search	1112	100	2112	50	\$		Aft	ter	F	Present	ŀ	arge Entit	y	Small Ent	ity		Į	
Plant		Basic	1013	200	2013	100	\$		Ar	nnt	Hig	hest Pa	id Extra	4	Code	(\$)	Code	(\$)	_ F	Paid
		Examination	1313	160	2313	80	\$	-]  To	Total Claims	14	- 20	• = 0	x  1	201	50	2201	25	\$		
		Search	1113	300	2113	150	\$	_	Independent	2	·L	3 ** = 0 x			202	200	2202	100	\$	-
•		Basic	1014	300	2014	150	\$		First Presentation of					L	203	360	2203	180	\$	
Reissue [		Examination	1114	600	2114	300	\$	_		20, enter 20 ** Less then 3, enter 3				_						
		Search	1314	500	2314	250	\$	_	3. Extra Page	Fee	ee				Large Er	ntity	Small Ent	ity		
		Basic	1631	300	2631	150	\$	4	Total Pages	_		Extra Pages			Code	(\$)	Code	(\$)		Paid
National Stage [		Examination	1633	200	2633	100		1	11	_	100		0 x	10	081	250	2081	125	\$	
. <u> </u>		Search	1632	500	2632	250			Subtotal for A	<del></del>		_	es		_					
Provisional [		Basic	1005	200	2005	100	\$	Ŀ	1 \$		+ 2	\$	•	+	3 \$			\$		-
4. Additional F	ees		ı	arge Entity	Sm	all Entity									Large Er	ntity	Small I	Entity		
Description			Code	(\$)	Code	(\$)	Paid	_	Description (cont.)						Code	(\$)	Code	(\$)	F	Paid
Extension for response first month			1251	120	2251	60	\$	]	Recording each Assignment						3021	40	8021	40	\$	-
Extension for response second month			1252	450	2252	225	\$	.]	Submission of IDS						1806	180	1806	180	\$	<u> </u>
Extension for response third month			1253	1,020	2253	510	\$	.]	Request for Cont. Examination (RCE)						1801	790	2801	395	\$	
Extension for response fourth month			1254	1,590	2254	795	\$	.]	Filing Submission	1	1809	790	2809	395	\$					
Extension for response fifth month			1255	. 2,160	2255	1,080	\$	.]	Surcharge - late fi	1	1051	130	2051	65	\$					
Notice of Appeal			1401	500	2401	250	\$	.]	Surcharge - late p	1	1052	50	2052	25	\$					
Filing a Brief in Support of an Appeal			1402	500	2402	250	\$	]	Non-English Spec	1	1053	130	1053	130	\$	•				
Request for Oral hearing			1403	1,000	2403	500	\$	.]	Processing Fee 3	1	1807	50	1807	50	\$					
Petitions under 1.17(f)			1462	400	1462	400	\$	.]	Request for Ex Parte Reexamination						1812	2,520	1812	2,520	\$	
Petitions under 1.17(g)			1463	200	1463	200	\$		Request Pub. of SIR prior to action						804	920	1804	920	\$	
Petitions under 1.17(h)			1464	130	1464	130	\$		Request Pub. of SIR after action						1805	1,840	1805	1,840	\$	•
Petition - public use proceeding			1451	1,510	1451	1,510	\$	.]	Each Add. Invention Examined						1810	790	2810	395	\$	•
Petition to Revive - Unavoidable			1452	500	2452	250	\$	7	Expedited Examination (Design)						802	900	1802	900	\$	
Petition to Revive - Unintentional			1453	1,500	2453	750	\$	7	Unintentionally Delayed Priority Claim						453	1,370	1453	1,370	\$	
Utility Issue Fee			1501	1,400	2501	700	\$	7	Certificate of Correction						1811	100	1811	100	\$	
Design Issue Fee			1502	800	2502	400	\$	.]	Maintenance Fees 3.5 years						1551	900	2551	450	\$	
Plant Issue Fee			1503	1,100	2503	550	\$	.]	Maintenance Fees 7.5 years						1552	2,300	2552	1,150	\$	
Reissue Issue Fee			1511	1,400	2511	700	\$	7	Maintenance Fees 11.5 years						1553	3,800	2553	1,900	\$	
Publication Fee			1504	300	1504	300	\$	7	Surcharge - Late Payment 6 mos.						1554	130	2554	65	\$	
Statutory Disclaimer			1814	130	2814	65	\$	-	Other fee					_'		•			\$	•
		Ado	Additional Fee Subtotal \$ -																	
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							Name			gtian			Reg	. No.		35	,205			
Deposit Account No.			10-0233 MCOG-0002-UT1					Firm	Jagtiani + Guttag											
The Commissioner is hereby authorized to charge any additional fees which may be required under 37 CFR 1.16, 1.17, 1.18, 1.20 and 1.492 or credit any						Address	10363-A Democracy Lane, Fairfax VA 22030													
							Telephone 703.591.2664						Fax 703.591.5907							
overpayment to the deposit account number listed above.																				
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